UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1993/P/L.16
28 January 1993

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Jordan

The Executive Director recommends that the Executive Board approve the country programme of Jordan for the period 1993-1997 in the amount of $5 million from general resources, subject to the availability of funds, and $5 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. In 1991, the population of Jordan was estimated at 4.15 million, an increase of 42 per cent since 1980. The population growth rate for the period was 3.2 per cent. Three massive population influxes contributed to the country's high population growth rate: Palestinian refugees numbering 400,000 and 350,000 following the Arab-Israeli wars of 1948 and 1967, respectively, and some 300,000 returnees from Kuwait in 1990-1991 in the wake of the Gulf crisis. Seventy per cent of Jordanians live in settlements of 5,000 persons or more, and the Amman municipality alone accounts for 35 per cent of the total population. The pace of urbanization in Jordan has been dramatic, with the urban population increasing from 35 per cent in 1950 to the current 70 per cent. Over 80 per cent of returnees have settled in the Amman-Zarqa metropolitan region, representing a major increase in population density in these areas.

2. Major economic indicators relating to quality of life and purchasing power of families deteriorated steadily in the late 1980s. The inflation rate increased to 34 per cent, the dinar lost approximately 50 per cent of its value and unemployment climbed to over 30 per cent. It was against this backdrop of economic difficulties that the Gulf crisis struck in August 1990. Virtually overnight, 40 per cent of the country's export markets disappeared, revenues from tourism dried up, aid from the Gulf countries was completely cut off and workers' remittances plummeted. Total losses attributable to the Gulf crisis in the first six months were estimated to be over one third of the 1990 gross national product.

3. During the last three decades, Jordan has witnessed a major decline in infant and child mortality. The infant mortality rate (IMR) fell from 135 per 1,000 live births in 1960 to 40 per 1,000 in 1990, while the under-five mortality rate (U5MR) fell from 217 per 1,000 live births to 48 over the same period. Acute respiratory infections (ARI), low birth weight, improper prenatal and delivery care and congenital malformations are the major contributing factors to infant mortality. Gender disparities in infant mortality are no longer significant.

4. Evidence suggests that ARI is the leading cause of death among infants and the second leading cause of death among children from one to four years of age. A clear national picture of the nature and extent of the ARI problem, however, is not available, as no comprehensive study has been conducted. Diarrhoeal disease-related mortality fell from five deaths per 1,000 cases in 1986 to less than one death per 1,000 cases in 1990. However, in the impoverished Jordan Valley governorates of Balqa and Karak, where water supply and sanitation conditions are poor and summer temperatures very high, the diarrhoeal disease-related mortality for infants stands at 9.6 and 12 per 1,000, respectively. As a result of Jordan's highly successful expanded programme on immunization (EPI), vaccine-preventable diseases have ceased to pose a serious threat to Jordanian children. Diphtheria has been virtually eradicated, while cases of pertussis (whooping cough), tetanus and measles have fallen off dramatically in the last 10 years. Poliomyelitis was considered eliminated until a limited outbreak of 22 suspected cases occurred in early 1992.

5. Increased poverty in the wake of the Gulf crisis has led to the re-emergence of nutrition as an area of concern. In 1991, a national nutrition survey revealed that 16 per cent of Jordanian children were chronically malnourished (stunted) and that 1.6 per cent were acutely malnourished (wasted). The incidence of malnutrition varied considerably across governorates, with the mostly rural, sparsely populated southern governorates of Ma'an, Tafielah and Karak, as well as the northern governorate of Mafraq, showing the highest incidences of both chronic and acute malnutrition. Ninety-three per cent of mothers breast-feed during the first three months, decreasing gradually to 61 per cent by the twelfth month. Two out of three babies three months old or younger are given other liquids, commonly herbal tea or glucose water, or mushy foods. Five of the six central hospitals in Jordan had agreed to implement by the end of 1992 the "10 steps to successful breast-feeding".

6. The Ministry of Health estimated the maternal mortality rate (MMR) in 1990 to be 40 per 100,000 births, down from an estimated 80 per 100,000 births in 1979. No comprehensive national study on maternal mortality has been undertaken. The direct determinants of maternal death are thought to include haemorrhaging, infection, eclampsia and obstructed labour, while high fertility levels and short birth intervals, iron deficiency anaemia and inadequate prenatal and delivery care are thought to be important indirect determinants. One out of four Jordanian mothers still receives no antenatal care, and 13 per cent receive no assistance at delivery from a doctor, nurse or midwife.

7. The total fertility rate declined from 7.7 children per woman in the period 1971-1975 to 7.1 in 1980 and 5.1 in 1990. Birth intervals in 1983 were among the shortest ever recorded: 25 per cent of women gave birth within 18 months of their previous labour, one half within two years and three quarters within three years. The proportion of married women using contraception in 1990 was 35 per cent, up from 26 per cent in 1983. A 1990 survey revealed that 98 per cent of women were aware of at least one method of family planning and that virtually all women also knew that prolonged breast-feeding can reduce the risk of pregnancy. While there is not yet any official government policy on child spacing, family planning services are provided through Ministry of Health maternal and child health (MCH) centres.

8. Rapid progress in the field of basic education has been one of the most prominent features of Jordan's socio-economic development. Basic-level net enrolment rates have increased from 71 per cent in 1969 to 91 per cent in 1990. Quantitative progress in expanding access to basic education, however, has not been matched by qualitative progress: 70 per cent of teachers possess only a two-year community college degree or lower; classroom teaching is typically geared to learning by rote rather than to developing skills of reasoning and inquiry; school curricula typically lack the flexibility to accommodate the needs of children of varying intellectual abilities; and, overall, textbooks are of poor quality and often not consistent with curriculum objectives.

9. The plan of action for education reform calls for complete curriculum reform in an effort to address the problems cited above. A new curriculum, designed to enhance the relevance and utility of subject matter and teaching approaches, is to be introduced in stages and begun with grades one, five and nine in the 1991-1992 school year. The plan of action also involves a

comprehensive programme for publishing 500 new textbook titles over a four-year period, the establishment of a textbook publishing unit in the Ministry of Education and the creation of a national warehousing and distribution system to store and distribute textbooks.

10. Sex differentials in education levels and literacy rates are rapidly disappearing and access to education is now equal at all levels. The female literacy rate was estimated to be 70 per cent in 1990, up from 59 per cent in 1985 and only 29 per cent in 1970. Male literacy rates have increased from 64 to 89 per cent over the same period. Some 1.5 per cent of women have now attained a first or second university degree, while 17 per cent have at least a secondary level education and 58 per cent an elementary level education. The primary enrolment ratio for girls has risen from 59 per cent in 1960 to 92.5 per cent in 1990, a rate 2.1 per cent higher than that for boys. The primary enrolment ratio for boys has remained constant over the same period.

11. Jordan has long been a leader in the Arab world in terms of the promotion of child rights. Jordan officially ratified the Convention on the Rights of the Child on 24 May 1991, with reservation on articles 14, 20 and 21 of the Convention, which relate to choice of religion and adoption rights.

PROGRAMME COOPERATION, 1990-1992

12. Cooperation in the period up to 1990 was primarily health-oriented and included child immunization, the control of diarrhoeal diseases (CDD), safe motherhood and early childhood development. Major interventions included social mobilization and public health education, support to in-service training for medical and paramedical workers and kindergarten teachers, support to health sector policy development and the provision of supplies such as vaccines and syringes, cold-chain equipment and oral rehydration salts (ORS).

13. The programme of cooperation launched in 1990 called for new initiatives in the fields of ARI, basic education and childhood disabilities, as well as a continuation of efforts in EPI, CDD, safe motherhood and early childhood development. The accelerated economic decline, large influx of returnees and increased poverty levels which followed the Gulf crisis, however, had a major impact on UNICEF cooperation and dramatically altered the planned 1990-1994 country programme. Nutrition and income-generating projects for the poor were added and support in the fields of EPI, CDD and MCH was expanded substantially. The general aim of the expanded UNICEF programme was to target all needy Jordanian children, regardless of origin, rather than to focus specifically on returnees who are widely dispersed and well absorbed into Jordanian family structures.

14. From the beginning of August 1990 until April 1991, the Jordan country office carried out a major emergency operation, first dealing with an influx of over 1 million third country nationals fleeing Iraq and Kuwait and then preparing for an expected additional influx when armed conflict broke out. UNICEF worked in close cooperation with the Government and numerous local and international agencies in carrying out the highly successful and efficiently run repatriation effort. The many partnerships forged during the evacuee emergency at government and non-governmental levels, as well as the

substantially increased profile and credibility UNICEF gained, have created new opportunities and enhanced UNICEF ability to meet the needs of the thousands of vulnerable Jordanians severely affected by the Gulf crisis.

15. In December 1990, UNICEF conducted a rapid assessment which suggested that nutrition was re-emerging as a potential problem; it then became a major new component of UNICEF cooperation in 1991. As a follow-up, in December 1991 UNICEF supported the Department of Statistics and the Ministry of Health in the first comprehensive nationwide nutrition survey carried out since 1963. The results of the survey will serve as the basis for the development of nutrition policies in the coming decade. In addition, in July 1990, UNICEF began a supplementary feeding programme for children under five years of age in 17 selected southern communities especially hard-hit by the economic decline. The programme is serving as an entry point for the dissemination of nutrition and basic health information in the participating communities and will be the starting point for an integrated area-based programme for the southern part of the country. The active promotion of breast-feeding, nutrition education for MCH centre staff and other public health workers, the provision of diet supplements for pregnant and lactating women and the promotion of growth monitoring were other major activities carried out in the nutrition sector.

16. Income generation for vulnerable women was another new area of cooperation initiated in the aftermath of the Gulf crisis. With unemployment levels estimated to be nearing 30 per cent and with thousands of newly jobless Jordanians pouring back into the country, the creation of income- and employment-generating activities for the poor became a major priority. The UNICEF approach stressed assessing viability and needs of the income-generating sector as a whole, rather than individual project support. The major activity in the programme in its initial stages was a baseline survey of income-generating projects supported by non-governmental organizations (NGOs) in operation in poorer communities in the country. The survey found that the projects in general were not self-sustaining and concluded that if such projects are to become economically viable they will require assistance in three main areas: management, production and marketing. UNICEF also provided support to the establishment of a revolving loan fund for small-scale income-generating projects in the rural south and to the assessment of the impact of income-generating activities on the health and social status of participating women and their families.

17. The Ministry of Health budgetary shortfalls necessitated an expansion of assistance in the fields of EPI and CDD. In EPI, the planned phasing out of provision of materials did not occur, and UNICEF continued to provide all vaccines, needles, syringes and cold-chain equipment required for the programme. UNICEF also continued to support social mobilization and training efforts and the improvement of EPI monitoring. Likewise, in CDD, UNICEF provided the country's entire supply of ORS and supported awareness-raising campaigns and the training of health personnel.

18. The control of ARI project, initiated in 1990, assisted the new Ministry of Health ARI Unit in establishing a standardized schedule for the treatment of mild, moderate and severe cases of ARI, according to World Health Organization (WHO) guidelines. UNICEF provided technical and material assistance for the training of medical and paramedical staff and supported nationwide social

mobilization campaigns designed to raise community awareness of ARI prevention and treatment. UNICEF also provided technical support to the development of a detailed recording system for ARI, supported the creation of a list of essential drugs for ARI treatment and provided ARI diagnostic charts and essential paediatric antibiotic syrups to health centres throughout the country.

19. The major UNICEF intervention in the education sector has been support for the development and implementation of the action-oriented school health project. The project involves training teachers in innovative means of communicating basic, Facts for Life-type health messages to children and promotes the concept of children as "health extension workers" in their homes and communities. Implementation of the project proceeded well in its initial stages, despite the burden of the returnee students and budgetary pressures faced by the Ministry of Education. UNICEF supported the development of teacher-training guidelines, specialized action-oriented school health teacher training and the development of systems for monitoring and evaluating project progress. Extending the experience and approach to other vital life skills areas will be an important focus of education sector interventions in the 1993-1997 programme cycle.

20. There was a marked acceleration of activities in the early childhood development project. UNICEF supported the training of early childhood specialists, as well as efforts aimed at mobilizing local NGOs and community groups to provide space and resources for community-based day care. As a first step in unifying standards, a manual for teachers of pre-school-age children, focusing on the intellectual, cognitive and psycho-social development of young children, was produced and put into use at teacher-training sessions. Moving beyond established involvement with centre-based day care, UNICEF also began to focus on increasing family capacity for meeting early childhood development needs. Discussions related to the importance of improved parenting for optimum development of the young child and relevant advice to parents were incorporated into women's literacy and vocational training classes. Work was completed on an early childhood development manual for mothers, to be distributed at literacy classes and through health centres. Enhancing family capacity to meet the early development needs of children in the home will be the central thrust of future UNICEF efforts in the field of early childhood development.

21. Activities in the field of safe motherhood were given added impetus. A multisectoral national committee was established to implement the recommendations of the joint Ministry of Health/United Nations Population Fund (UNFPA)/UNICEF safe motherhood symposium held in 1989. UNICEF provided technical support to efforts aimed at incorporating family planning and safe motherhood issues into the curricula of preparatory schools and women's health education classes, as well as to conduct of a social mobilization campaign carrying for the first time direct messages regarding child spacing. UNICEF also supported the development of a brochure for illiterate and semi-literate mothers, entitled "Your Child and Its Health", which presents pictorially the range of services available at MCH centres and why it is important for mothers to attend the centres on a regular basis. The brochure is the first of its kind in Jordan. Finally, UNICEF supported the training of traditional birth attendants (TBAs) on safe delivery practices and the identification of high-risk factors.

22. The lessons derived from past programmes have contributed to the evolution in focus and in strategies adopted for the coming country programme cycle. High national coverage rates already achieved in both health and education services, as evidenced by rapidly falling mortality rates, by the achievement of universal child immunization in 1988 and by high school enrolment rates, now require a sharper focus on qualitative, not just quantitative, indicators of social progress. The 1991 national IMR, EPI and nutrition surveys highlighted the need to disaggregate national averages and to target more specifically both rural and urban areas that have poor coverage or a high incidence of problems. Such findings were reinforced by assessments of the social and economic impact of the Gulf crisis and by the consequences of rapid urban growth. In education, the quality of teachers, the quality and relevance of learning taking place in the classroom and the assessment of learning achievement will assume greater importance. For out-of-school children, the Facts for Life approach needs to be broadened to encompass the crucial issues of population growth and family planning, environmental protection, reduction of gender stereotyping and other prejudices, and the dissemination of the principles of the Convention on the Rights of the Child.

RECOMMENDED PROGRAMME COOPERATION, 1993-1997

Recommended general resources: $5,000,000

Supplementary funding: $5,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	2 370	1 390	3 760
Education	1 180	1 530	2 710
Integrated area-based development	540	1 165	1 705
Advocacy and planning	230	795	1 025
Programme support	680	120	800
Total	5 000	5 000	10 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

23. The country programming process has coincided with the planning phase for formulating the national programme of action (NPA). The National Conference on Children held in May 1992 created a partnership from all walks of national life to collaborate on the NPA so that it can be incorporated into the 1993-1997 national plan, with which the UNICEF programme of cooperation coincides. Strategy and preview meetings brought together both government and non-governmental partners to review future cooperation with UNICEF in Jordan.

Country programme overview

24. Based on the priority problems identified in the situation analysis and within the context of the recently elaborated NPA, the following will be the major goals for the 1993-1997 UNICEF programme of cooperation: (a) to reduce IMR from 37 to 25 per 1,000 live births and U5MR from 47 to 35 per thousand live births; (b) to reduce MMR from 40 to 25 per thousand live births; and (c) to empower all Jordanians with the basic knowledge and skills needed to live healthy lives and to become contributing members of their communities.

25. The 1993-1997 UNICEF country programme for Jordan has four broad, interrelated components: health; education; integrated area-based development; and advocacy and planning. It has been developed on the basis of the priority problems identified in the situation analysis and will be placed clearly within the framework of wider national efforts to achieve the goals for children in the 1990s.

26. The strategic approaches of the new programme are: (a) capacity-building through training and technical support, with an emphasis on improving monitoring, reporting and information systems and on increasing the effectiveness and efficiency of social services; (b) reducing disparities among governorates and giving priority to vulnerable populations by reinforcing partnerships with national NGOs and community self-help groups; and (c) empowering families by making available essential knowledge for living and by advocating implementation of the principles of the Convention on the Rights of the Child.

27. Since 1990, donor interest in Jordan has increased, resulting in the growth in available supplementary funds. The proposed amount of supplementary funding for the upcoming country programme will permit the acceleration of national coverage of health and education programmes, the introduction of innovative knowledge-for-living activities and the expansion of subnational activities targeted at disadvantaged populations in specific urban and rural areas.

Health

28. The MCH programme will comprise five interrelated projects: control of ARI; safe motherhood; child nutrition; CDD; and control of vaccine-preventable disease through EPI.

29. The control of ARI will be aimed at reducing ARI-related mortality among children under five years of age by 50 per cent. This will be done by raising awareness levels regarding ARI prevention and the importance of prompt detection and referral; establishing standardized case management for ARI at all health centres; and developing baseline data and a surveillance system.

UNICEF will provide support for information sessions and seminars on standardized case management for the Pharmacists' and Paediatrics' Associations, participate in the production of a physician's manual on technical guidelines for ARI case management and be involved in the establishment of special ARI training units to train doctors in these guidelines. Finally, UNICEF will assist in the development of visual aids and printed materials on ARI directed towards caregivers and support the production of television, radio and print media spots on ARI prevention and treatment.

30. The child nutrition project seeks to reduce by 50 per cent the incidence of malnutrition among children under five years of age through the promotion of breast-feeding, growth monitoring, nutrition surveillance and nutritional awareness. In terms of service coverage, the project objective is to increase to 95 per cent the proportion of women breast-feeding exclusively for the first four to six months and continuing to breast-feed with adequate complementary foods for up to two years. UNICEF will support the production of promotional spots on breast-feeding for the mass media, the creation of simple, pictorially based pamphlets and posters providing breast-feeding and nutrition information to caregivers and the training of medical and paramedical personnel in the "10 steps to successful breast-feeding". UNICEF will also support the incorporation of growth monitoring and the use of child growth charts into training programmes for health staff and provide growth monitoring cards and charts for use both in health centres and in the home. Finally, UNICEF will sponsor education sessions for mothers at first-level health facilities on growth monitoring and the use of growth cards.

31. The objective of the safe motherhood project is to contribute to the reduction of maternal mortality and morbidity by 50 per cent by increasing the quality and utilization of prenatal, delivery and postnatal care and by promoting family planning. It also seeks to reduce by half the incidence of anaemia through diet supplementation for pregnant and lactating women. UNICEF will support training programmes for medical and paramedical personnel, midwives and TBAs, focusing on safe delivery practices and identification of high-risk factors. UNICEF will also support efforts aimed at developing a system to monitor at-risk mothers; an important component of this is the use of women's health cards to provide a record of prenatal care. With respect to family planning, UNICEF will support the production of mass media spots and educational materials aimed at translating the already high level of knowledge regarding contraception and contraceptive methods into higher rates of contraceptive use. UNICEF will advocate the inclusion of a component on family planning in the training curricula for health staff and support separate training programmes in family planning techniques and birth control counselling for midwives and TBAs.

32. The CDD project will be aimed at reducing diarrhoeal disease-related mortality from 0.5 to 0.3 per 1,000 cases and the average number of episodes from 1.2 to 0.8 per child annually. This is expected to be achieved through the promotion of correct case management within the home and among private sector physicians and through advocating proper home and community hygiene practices. UNICEF will continue to support yearly national awareness-raising campaigns on diarrhoeal diseases, their causes and proper treatment, with a particular focus on the governorates of Balqa, Karak and Zarqa, where diarrhoeal disease-related mortality rates remain high. UNICEF will also

support the establishment of oral rehydration therapy (ORT) corners, where health workers can demonstrate to mothers how to mix ORS at all first-level health facilities in the priority governorates. Information sessions and seminars for community workers and local NGOs in towns and major villages of the priority governorates will also be assisted by UNICEF. Finally, UNICEF will work with the Paediatrics' and Pharmacists' Societies in carrying out workshops and information sessions for private sector health administrators, medical practitioners and pharmacists, stressing the importance of ORT and rational drug usage.

33. The control of vaccine-preventable diseases project will support maintaining low levels of vaccine-preventable disease morbidity and mortality through continued awareness-raising campaigns and in-service training of health workers, better integration of private and public sector EPI programmes and strengthening the routine EPI reporting system. Special emphasis will be placed on raising to more than 95 per cent the coverage levels for three doses of combined diphtheria/pertussis/tetanus vaccine, three doses of oral polio vaccine and measles for children under one year of age, and to 90 per cent the coverage of tetanus toxoid among women of child-bearing age. In light of the severe budgetary pressures currently being experienced by the Ministry of Health, UNICEF will support in the short term the timely delivery of vaccines, needles and syringes, cold-chain equipment and other EPI supplies to all of the country's permanent and mobile vaccination centres. Finally, UNICEF will work with the Medical Syndicate in providing seminars and information sessions for private sector health administrators and physicians aimed at standardizing the private sector EPI programme and bringing it more closely into line with its public sector counterpart.

Education

34. The education programme will comprise two projects: early childhood development and formal basic education.

35. The early childhood development project will promote optimal cognitive, emotional and psycho-social growth among young children, both at home and in the community. UNICEF cooperation will focus on providing at least 90 per cent of parents and caregivers, through positive examples and role models, with a variety of strategies and resources for enhancing their children's development through the first six years of life. One key element will be the production of a set of broadcast-quality videos and radio programmes on the physical well-being and normal development of the child in the first six years of life. Videos will be used both on national television and in community-based parent orientation activities; they will be accompanied by a leaders' guidebook for professionals and paraprofessionals working with parents and by a parents' guidebook suggesting home-based activities and containing childhood development assessment guides. These home-centred approaches will be supplemented by activities to expand access to community-supported child-care facilities and to upgrade the quality of preschool day care through in-service teacher training. Radio broadcasts will be used to reach families without access to television or community video.

36. The formal basic education project will improve the quality, efficiency and effectiveness of basic formal education and ensure that all graduates of

the system have the knowledge and life skills necessary to become functional, contributing adults. UNICEF cooperation will focus on improving the relevance of learning through the incorporation of knowledge and skills for healthy living into basic school curricula and the incorporation of teaching/learning modules centred on the development of self-esteem, cooperative behaviour, interdependence and respect for diversity and equity. UNICEF will work with the Teacher Training Unit of the Ministry of Education to improve in-service teacher training, providing technical assistance to the development of a prototype curriculum and pedagogic materials centred on interactive teaching/learning approaches and supporting the training of trainers. Finally, UNICEF will provide technical and material assistance in the development of competency- and cognitive-based achievement exams consistent with international testing standards and will support a study examining the location and characteristics of children outside the formal education system.

Integrated area-based development

37. The area-based programme for the disadvantaged child comprises two projects: the urban child project and the rural child project.

38. The urban child project will be based in six needy areas of the Amman municipality. In the initial stages of the project, government and municipal services in the capital city of Amman will be supported to improve the quality of health and education services to the urban poor, particularly through in-service training of health workers and teachers. The project will also support the strengthening of community outreach services. Cooperation with NGOs and community groups will focus on expanding community social services and self-help capacity, including support to day-care facilities, nutrition and health education, skills training for women and clubs or drop-in centres for urban youth. Support will also be given to the development of mechanisms for linking and integrating the activities of the various government and local organizations serving the needs of the target areas. In conjunction with these efforts, a Facts for Life education outreach strategy, using both mass media and community networks, will focus on strengthening parenting skills, family planning, health and nutrition education and environmental hygiene, as well as on prevention of accidents to children in the home and community.

39. The rural child project will centre on the small rural communities and nomadic populations of the southern Ma'an governorate and will build on the collaboration initiated in 1991. Health workers will receive communication skills training and upgrading of technical knowledge in family planning, nutrition and communicable disease control. A system of outreach involving women volunteers will be put in place to provide all households with basic health information, to follow up on pregnancies, to monitor the health status of children under five and, generally, to act as a liaison between the home and the local primary health care centre. A baseline survey examining the demands and needs of women for knowledge and skills for living will be conducted and, based on the results, local community centres will be supported to consolidate their women's literacy, parenting skills and early childhood development activities. The women's skills training programme will also focus on developing and upgrading income-generating skills and agriculture and animal husbandry.

40. Enhancing the viability, scope and profitability of income-generating activities for women will be an important component of both projects. Support will be provided for the creation of a small pilot non-profit consultancy group of business persons with expertise in management, production and marketing to provide advice and training; the development of materials linking training in income-generating skills with general skills for living; the conduct of market surveys and women's skills assessments; assessments of the impact of income-generating activities on the health and social status of participating women and their families; and a revolving loan fund for rural women.

Advocacy and planning

41. The advocacy and planning programme will comprise two projects: child rights and information systems and database development.

42. The child rights project will be aimed at increasing societal concern for the rights of children and at extending to all Jordanians information regarding the Convention on the Rights of the Child and its relevance in the Jordanian context. The project also aims to improve the conditions of, and societal attitudes towards, women and disabled children. UNICEF will support seminars for policy makers and community leaders on child rights, provide technical support to efforts aimed at incorporating the Convention into the country's legal system and planning process and work with the Ministry of Education in developing Convention-related learning materials, books and activities for the classroom. With respect to disabled children, UNICEF will support information sessions and workshops for community leaders, local NGOs and private sector firms and industries in an effort to promote community approaches to the integration of disabled children. UNICEF will also support specialized teacher training and the development of programmes for integrating mildly disabled children into the regular school system. Finally, with respect to gender stereotyping, UNICEF will support awareness-raising campaigns and the production of information materials aimed at educating caregivers on how to avoid gender stereotyping in the home. Collaboration with educators will centre on the development of gender-neutral games and learning materials for the classroom.

43. The information systems and database development project will focus on continued advocacy for children within national development plans and strategies, and in particular for the incorporation of the NPA for children currently being prepared into the 1993-1997 five-year national plan. The project will also support expanding disaggregated and subnational baseline data on children and developing ongoing systems to monitor and evaluate progress in achieving the goals for children in the 1990s. Finally, the project will involve the establishment of an information unit charged with gathering and updating all relevant information pertaining to the health and socio-economic status of children and women. The unit's work will be used in policy discussions and future programme development and will form the basis for papers, publications and other materials designed to increase awareness of existing and emerging problems and to mobilize appropriate action.

Monitoring and evaluation

44. Monitoring progress and evaluating achievements versus objectives will be important components of all programme interventions. Monitoring and evaluation will take place through routine reporting systems, feedback from outreach workers, regular limited-scale rapid appraisals and occasional national surveys. It will be based on a list of major indicators for each programme area developed by UNICEF and its counterparts. Annual programme reviews will be conducted during the last quarter of each calendar year under the coordination of the Ministry of Planning and with the participation, as and where appropriate, of United Nations agencies and other concerned parties. These reviews will form the basis of annual adjustment and resource allocation for the project plans of action. Prior to the mid-term review planned for mid-1995, three major evaluations will be undertaken in 1994: one combining a disaggregated assessment of IMR, EPI, CDD and ARI rates and efficacy of health service delivery; one on learning achievement in schools; and one on progress in the acquisition by the family of essential knowledge for living, assessed against specific indicators. Programme management and project implementation experience will also be evaluated as part of the mid-term review of trends and progress towards objectives and of the effectiveness of strategies adopted. The situation analysis of children and women will be updated regularly and will provide a further basis for the mid-term and annual reviews of the country programme.

Inter-agency cooperation

45. The programme of cooperation will be complementary to the activities of other United Nations agencies active in Jordan. Health interventions will involve continued close collaboration with WHO and increased cooperation with UNFPA, particularly in the fields of family planning and safe motherhood. Activities in the nutrition sector will be conducted in collaboration with the World Food Programme. The United Nations Development Programme and the International Labour Organisation will be important partners in expanding income-generating opportunities for women in urban and rural target areas. The United Nations Educational, Scientific and Cultural Organization will continue to be an important partner in the action-oriented school health project, in-service teacher training and other interventions in the education sector. Other international partners will include Save the Children Fund and the Cooperative for American Relief Everywhere, Inc. in the fields of income generation and area-based programming, and the United States Agency for International Development, in the field of family planning. Increased emphasis will be placed on cooperation with national and local NGOs in all fields as part of a strategy to develop private sector and community self-help capacity in the face of government budgetary constraints. Major national NGO partners will include the Queen Alia Fund, the Noor Al-Hussein Foundation, the Population Council and the General Union of Voluntary Societies (an umbrella organization for some 250 NGOs).

Programme management

46. A number of changes will be made in the office structure to reflect the demands of the new country programme. The most important will be the replacement of a programme officer post with a communication and information

officer post to reflect the central importance of communication, awareness-raising and the promotion of essential life skills and knowledge in the new country programme. The new post will assume responsibility for the development of communication strategies and the design of appropriate activities in support of advocacy and awareness-raising. An assistant project officer post was added in 1992 to cover health programmes and the area-based programme for the urban child in the new country programme. Finally, the post and responsibilities of the Amman area office representative and deputy regional director will be separated to create the new full-time post of area representative in order to ensure that the increased demands of the new country programme in Jordan are efficiently and effectively met.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Jordan (1991 and earlier years)			UNICEF country classification
Under-five mortality rate	46	(1991)	Middle U5MR
Infant mortality rate	39	(1991)	Middle IMR
GNP per capita	$ 1120	(1991)	Lower-middle GNP
Total population	4.2 Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	117	123	159	165
Infant deaths (under 1)	(Thousands)	11	7	6	6
Under-five deaths	(Thousands)	13	9	8	7
Under-five mortality rate (per 1,000 live births)		120	75	48	46
Infant mortality rate (under 1) (per 1,000 live births)		92	60	40	39

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1990)	Moderate & severe	..	6
	Severe	..	1
Babies with low birth weight (%, 1979/1990)		5	7
% of primary school children reaching final grade, 1988)		..	95

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1976/1990)	84 /64/ 48	93 / 80 / 61
Prevalence of wasting (%, 1990)	..	3
Prevalence of stunting (%, 1990)	..	21
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	111	110
Food production per capita index (Index 1979-1980=100, 1980/1990)	116	108
Household expenditure All food/cereals (% of total income, 1980-1985)		35 / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)			77
Access to health services	Total	..	97
(% of population, 1985)	Urban/rural	.. / ..	98 / 95
Access to safe water	Total	89	99
(% of population, 1980/1988)	Urban/rural	100 / 65	100 / 98
Access to adequate sanitation	Total	74	61
(% of population, 1980/1985)	Urban/rural	94 / 34	92 / ..
Births attended by trained personnel (%, 1986-1990)		..	87
Maternal mortality rate (per 100,000 live births, 1979/1990)		48 a/	40*

Immunization		1981	1985	1990	1991
One-year olds (%) immunized against:	Tuberculosis	..	..	..	..
	DPT	81	53	92	91
	Polio	87	54	92	91
	Measles	40	39	87	83
Pregnant women (%) immunized against:	Tetanus	2	52	47	..

TABLE 1 (continued)

Jordan

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%,1980/1990)	Total	104 / 93	.. / 91*
	Male	105 / 94	.. / 90*
	Female	102 / 91	.. / 92*
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	76 / 68	.. / ..
	Male	79 / 70	.. / ..
	Female	73 / 60	.. / ..
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	47	80
	Male/female	64 / 29	89 / 70
Radio/television sets (per 1,000 population, 1980/1990)		183 / 59	254 / 81

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Thousands)	2299	2923	4009	4147	5624
Population aged 0-15 years	(Thousands)	1114	1537	1884	1943	2587
Population aged 0-4 years	(Thousands)	437	546	686	715	961
Urban population (% of total)		51	60	68	70	74
Life expectancy at birth	Total	54	62	67	67	70
(years)	Male	53	61	65	66	68
	Female	56	64	69	69	73
Total fertility rate		7.9	7.1	5.9	5.8	5.0
Crude birth rate (per 1,000 population)		51	42	39	39	37
Crude death rate (per 1,000 population)		18	9	6	6	5

		About 1980	Most recent
Contraceptive prevalence rate (%, 1976/1990)		25	35
Population annual growth rate (%, 1965-1980/1980-1991)	Total	2.6	3.2
	Urban	5.3	4.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1970-1980/1980-1991)		5.8	-3.3
Inflation rate (%, 1980-1988)		..	2
Population in absolute poverty (%, 1977)	Urban/rural	14 / 17	.. / ..
Household income share (%)	Top 20%/bottom 40%	../ ..	.. / ..
Government expenditure	Health/education	4 / 10	6 / 14
(% of total expenditure, 1979/1989)	Defence	26	23
Household expenditure (% of total income, 1980-1985)	Health/education	5 / 8	.. / ..
Official development assistance:	$US millions	1275	668
(1980/1991)	As % of GNP	37	17
Debt service (% of goods and services exports, 1980/1990)		7	22

a/ Indicates data that differ from the standard definition or refer to only part of a country.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1992 a/

COUNTRY: JORDAN
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $2,500,000 b/

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	678	212	156		1		158		993	1458	212	1000	1205	2458
Education	71		142				10		223	417		250	223	667
Young child development	195		11		14		25		245	315		250	245	565
Social mobilization and advocacy	17				190		167		374	310			374	310
Emergency		4208		109		142		1993			6452	8061	6452	8061
GRAND TOTAL	961	4420	309	109	205	142	360	1993	1835	2500	6664	9561 c/	8499	12061

GR = General rewsources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 17 December 1992.

b/ Original approved for 1990-1994.

c/ Of this amounts, $1,500,000 remains unfunded.

/...

TABLE 3. PLANNED EXPENDITURE, 1993 – 1997

(In thousands of United States dollars)

Country: JORDAN Period covered: 1993 – 1997	Funding status	1993	1994	1995	1996	1997	Total
Health	GR	450	470	475	495	480	2370
	NSF	265	265	270	295	295	1390
Education	GR	255	250	245	215	215	1180
	NSF	300	300	300	315	315	1530
Integrated area–based programme	GR	120	105	100	105	110	540
	NSF	240	245	250	215	215	1165
Advocacy and planning	GR	45	45	45	45	50	230
	NSF	170	165	160	150	150	795
Programme support	GR	130	130	135	140	145	680
	NSF	25	25	20	25	25	120
TOTAL	GR	1000	1000	1000	1000	1000	5000
	NSF	1000	1000	1000	1000	1000	5000
GRAND TOTAL		2000	2000	2000	2000	2000	10000

GR = General resources.
NSF = New supplementary funding.

/...

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

JORDAN

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1993–1997 (In thousands of US dollars)				POSTS a/ and b/									TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
					EXISTING POSTS						SUBTOTAL						
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health	2370			2370									2	2		310	310
Education	1185			1185									1	1		100	100
Integrated area–based programme	540			540								1	1	2		330	330
Advocacy and planning	225			225									1	1		100	100
Programme support	680			680									3	3		360	360
TOTAL GR	5000			5000								1	8	9		1200	1200
SUPPLEMENTARY FUNDING																	
Health			1390	1390								1		1		230	230
Education			1530	1530													
Integrated area–based programme			120	120													
Advocacy and planning			1165	1165													
Programme support			795	795													
TOTAL SF			5000	5000								1		1		230	230
TOTAL GR & SF				10000								2	8	10		1430	1430
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994–1995)	**Operating costs**			552													
	Staffing b/						1				1	3	7	11	253	673	926
GRAND TOTAL (GR + SF + ADM)							1				1	5	15	21			
	Number of posts and staff costs:																
	– At the beginning of previous programme (1990)										2	1	10	13	N/A	N/A	N/A
	– At the beginning of proposed programme (1993)										1	5	15	21	N/A	N/A	N/A
	– At the end of proposed programme (1997) **(Indicative only)**										1	5	15	21	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of 1 January 1994.

c/ Project posts are funded for five years and core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.